

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s):	Paul A. Worsowicz; Lisa K. Shap	Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Ari B. Pollack		
II. Name of Lobbyist's pa	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN 6 214 North Main Street, Coi			
603-228-118	603-226-3477			
(Telephone)	(Fax)	(Email)		
	s: (Choose one – file separate reports for actions which are not attributable to any	each client, OR you may file a separate report for one client.)		
All reportable trans	actions occurring in the month prior to the	reporting date relative to the following client.		
	DEMOULAS SUPER MA	ARKETS, INC.		
(	Full Name of Client as it appears on the Lo			
O.D.				
All reportable trans unrelated to any pa		rist's family), or the lobbying firm listed below which are		
IV. Date of Report:	April 26, 2017 🗵	July 26, 2017 □		
Reports cover: activit	ty from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
	October 25, 2017	January 24, 2018 □		
acti	ivity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17		
V. There have been no fe If this box is checked, com, Concord, NH 03301.	es received and no reportable transaction plete just this form and submit it to the Secr	s made since the last report.  etary of State's Office, State House, Room 204,		
VI. Check if additional 1	eports are attached:			
	d fees or made expenditures, you must file	Addendum A – Fees and Expenses		
1		nust file Addendum B – Report of Honorariums or		
If you, your firm, o	r your family has made political contribution	ons, you must file <b>Addendum C</b> – Political Contribution		
Sworn Statement/Affirm: I have read RSA 15, RSA to the best of my knowledge	15-B and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete		
haul th	revery	(Date)		
(Signature of Lobbyist)		(Date)		
Paul A. Worsowicz				
(Print Name of Johnvist)				

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NEW HAMPSHIRE DEPARTMENT OF STATE P



## STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.;	Ari B. Polla	ack	
II. Name of lobbyist's pa	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTR	ELL, P.C.		
	(Name of partnership, firm or corporate			
III. Name of Client	DEMOULAS SUPER MARKETS, INC.	Date	April 26, 20	017
lobbying, including fees for	of all fees received from the client identified above or services such as public advocacy, government re oring legislation, and related legal work. The gross	lations, or j	oublic relation	ns services,
a) Total of all fees receive	ed in this reporting period		a) \$	0.00
	ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.)		b) \$	0.00
c) Total of all fees receive (Add lines a and b)	ed to date.		c) \$	0.00
d) Indicate the amount of yet been paid.	any such fees that are due, but have not		d) \$	3,500.00
fees. Separate reports are lobbyist(s)/firm that are u are to be reported in one reporting period for salar expenses where the expenthe cost was \$25.00 or lespurchase of a ceremonial statement of each individu covered by (a) (for examp given to the subject of legislative reception). Ex	etherships, firms, or corporations are required to be to be filed for expenditures made relative to each ourselated to any one client a separate report may be of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; aditure was of \$25.00 or less (for example: meals as, purchase of a pen with a value of less than \$10 object given to a person being lobbied with a value all expenditure made during this reporting period of the purchase of a meal with value of greater than \$25 obbying with a value greater than \$25, but not greater than \$25 obbying with a value of greater than \$25 obbying with a value greater than \$25 obbying with a value of greater than \$25 obbying with a value greater than \$25 obbying with a value greater than \$25 obbying with a value of grea	client and i e filed for t gate total o (b) the ag purchased that is give e of \$25.00 of greater the 25, purchal eater than 5	f expenditure: he lobbyist(s f all expense: gregate total during a busi en to the perse or less); an an \$25.00 for se of a cerem \$50, restauran	s are made by the highlight of all individual ness lunch where on being lobbied d (c) an itemized r any purpose no onial object to be not expenses for a
support staff, and office es	ses for this reporting period for salaries, benefits, xpenses, related directly or indirectly to lobbying.	a) \$ b) \$		2,875.00
in a), of \$25 or less.		c) \$		0.00
c) Total of all itemized ex	spenditures reported in detail in section VI.	C) 4		150.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: DEMOULAS SUPER MARKETS, INC.		
d) Total expenses for this reporting period.  (Add lines a, b and c.)	d) \$	3,025.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	0.00
f) Total of all expenses year to date.		3,025.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobby period, including by whom paid or to whom charged.	ing fees during th	nis reporting
Paid to:	_	Amount 150.00
State of NH	\$ <u> </u>	130.00
State of TVI	\$	
	\$ _	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the is true and complete to the best of my knowledge and belief.	at the foregoing	g information
2 a la alela maria	4-20-17	
(Signature of lobbyist)	(Date)	·
Paul A. Worsowicz (Print Name of Lobbyist)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Incon	ne and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): <b>Demoulas Super Markets, Inc.</b>					
Date of Report (che	ck one):				
April 26, 2017 🔀	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 □		
		Statement of Income and Exement (insert the number of	xpenses described above, and the Addendum forms being		
1 Addendum A(	s).				
_0_ Addendum B(	s).				
_0_ Addendum C(	s).				
	firm that the foregoing info of my knowledge and beli		nd each Addendum is true and		
AK	~		4-24-17		
(Signature of Lobb	yist)		(Date)		
Lisa K. Shapiro, P. (Print Name of lob		<del></del>			

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Demoulas Super Markets, Inc.				
Date of Report (check one):				
April 26, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 24, 2018 □				
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyist)  4 26 (Date)				
Ari B. Pollack (Print Name of lobbyist)				